

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

10635050

FILING DATE

08-06-03

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3	/					
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49						
50						
TOTAL IND.	0					
TOTAL DEP.	8	↔	↔	↔		
TOTAL CLAIMS	10	████	████	████	████	████

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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100								
TOTAL IND.								
TOTAL DEP.		↔	↔	↔				
TOTAL CLAIMS	10	████	████	████	████	████	████	████